

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34440

State File No.

FILED OCT 16 1952

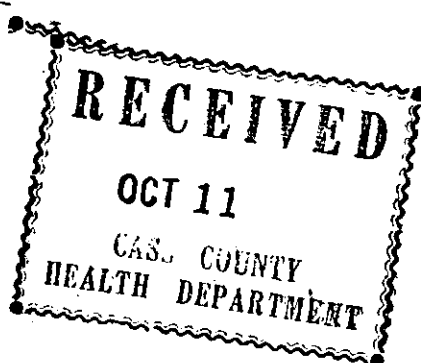
BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4099</u>		Registrar's No. <u>146</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give townships) <u>Pleasant Hill, Mo.</u>				c. CITY (If outside corporate limits, write RURAL and give townships) <u>Cass Pleasant Hill</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>806 Cedar</u>				d. STREET ADDRESS (If rural, give location) <u>806 Cedar</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HENRY</u>		b. (Middle) <u>GRAHAM</u>		c. (Last) <u>FERGUSON</u>	
4. DATE OF DEATH		(Month) <u>10</u> (Day) <u>2</u> (Year) <u>1952</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5-20-1877</u>	
9. AGE (In years last birthday) <u>75</u>		if UNDER 1 YEAR Months <u></u> Days <u></u>		if UNDER 1 YEAR Hours <u></u> Min. <u></u>		if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Russell Co. Va.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Wilson Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Bradshaw</u>		14. NAME OF HUSBAND OR WIFE <u>Hettie Ferguson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-05-8396</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hettie Ferguson</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>Pleasant Hill,</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
DUE TO (b) <u></u>							
DUE TO (c) <u></u>							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pleasant Hill, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>OCT 2, 1952</u> , to <u>Oct 2, 1952</u> , that I last saw the deceased alive on <u>OCT 2, 1952</u> , and that death occurred at <u>4 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>OCT 4 1952</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>10-5-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 8, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		457-01		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE-PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0190

0199



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Allen W. Brownfield

Signed.....

Student Embalmer

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.